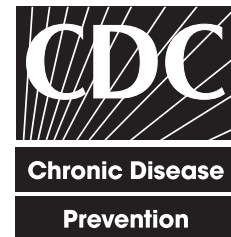


Preventing Chronic Diseases: Investing Wisely in Health



Screening to Prevent Cancer Deaths

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES

The Facts

Cancer is the second leading cause of death in America, exceeded only by heart disease. Every year, cancer claims the lives of more than half a million people. Many cancer deaths could be avoided if more people were screened for cancer.

Screening for colorectal, breast, and cervical cancers can reduce illness and death through early detection of cancers and pre-cancers. Yet many adults are not getting regular lifesaving screenings as recommended. Colorectal, breast, and cervical cancers accounted for nearly a fifth of all U.S. cancer deaths in 2001, according to the CDC's National Center for Health Statistics.

Colorectal Cancer

- An estimated 56,000* people will die of colorectal cancer in 2005.
- More than 145,000* new cases will be diagnosed.
- Colorectal cancer is the third most common cancer among both men and women.
- The primary risk factor for colorectal cancer is age, with more than 90% of new cancer cases diagnosed in adults aged 50 or older.

Breast Cancer

- An estimated 40,000* women will die of breast cancer in 2005.
- More than 211,000* new cases will be diagnosed.
- Breast cancer is the second leading cause of cancer death in women, exceeded only by lung cancer.
- The risk of developing breast cancer increases as one ages. About 77% of diagnoses are among women over 50.

Cervical Cancer

- Nearly 4,000* women will die of cervical cancer in 2005.
- An estimated 10,000* new cases will be diagnosed.

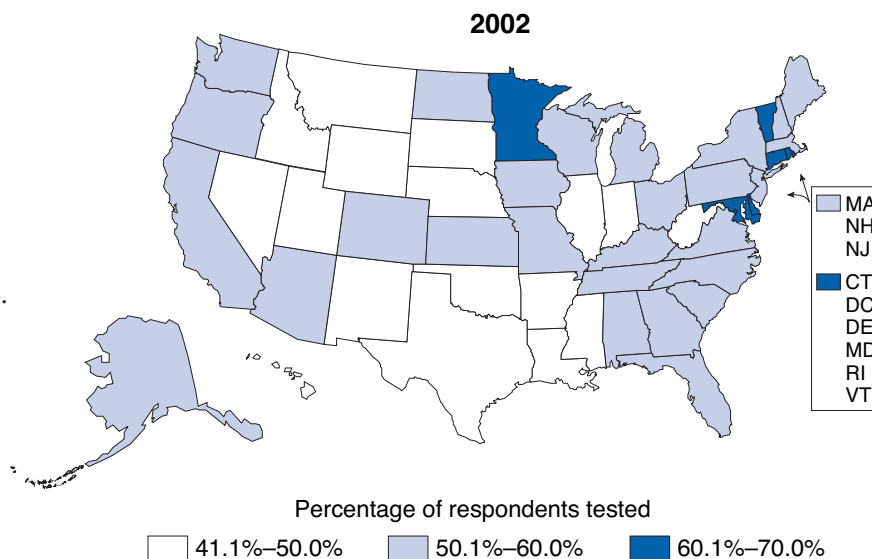
Financial Costs of Cancer

In 2005, cancers will cost this country an estimated \$210 billion overall,[†] which includes nearly \$136 billion for lost productivity and over \$70 billion for direct medical costs.

* Estimates from the American Cancer Society.

† Estimates from the National Heart, Lung and Blood Institute.
Available at <http://www.nhlbi.nih.gov/about/04fackbk.pdf>

Screening for Colorectal Cancer Lags Far Behind Screening for Other Cancers*



* Percentage of adults 50 or older who had a fecal occult blood test within the previous year or a sigmoidoscopy or colonoscopy within the previous 10 years, as recommended.
Source: CDC, Behavioral Risk Factor Surveillance System.

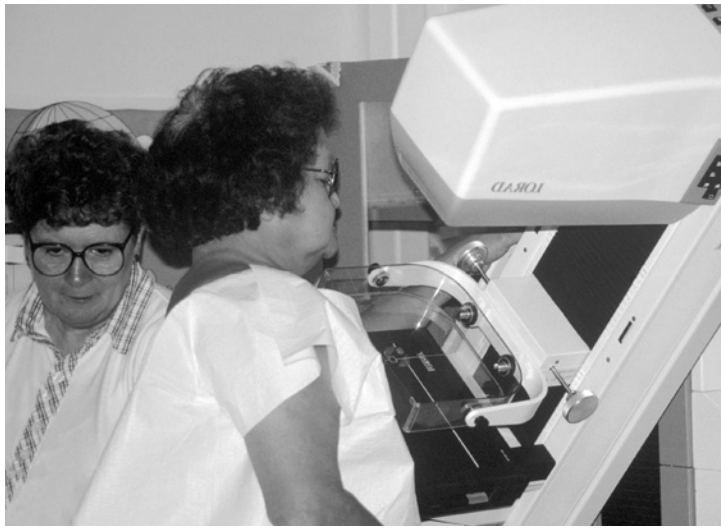
Each year,

- Colorectal cancer treatment costs about \$6.5 billion.
- Breast cancer treatment costs nearly \$7 billion.
- Cervical cancer treatment costs about \$2 billion.

Cancer Screening Saves Lives

Early detection could substantially reduce the billions of dollars spent on cancer treatment each year. Not only does cancer screening save lives by detecting breast, cervical, and colorectal cancers early; it also is the first step in preventing many cases of colorectal and cervical cancers from ever developing:

- Routine screening can reduce the number of people who die of colorectal cancer by at least 60%.
- A mammogram every 1-2 years can reduce the risk of dying of breast cancer by approximately 20%-25% over 10 years for women aged 40 or older.
- Pap tests can detect precancerous lesions so they can be treated before cervical cancer develops. Researchers in many countries found that rates of cervical cancer death dropped by 20%-60% after screening programs began.



State Program in Action:

Client Navigators Help Georgia Women Obtain Breast and Cervical Cancer Screenings



The faces of Georgia's cancer patients are changing as communities become more diverse. The state has seen substantial increases in African American, Hispanic, and Asian women over age 40 years. Barriers to obtaining cancer screenings must be addressed so that these women can receive appropriate and timely cancer screening, follow-up, and treatment.

To reach these women in underserved communities, Georgia's Breast and Cervical Cancer Program (BCCP) began using client navigators. After taking a training course to improve their skills and the quality of service they provide, 17 navigators are better able to communicate with clients; understand different cultural beliefs, values, and norms; and eliminate barriers to screening. They help women get needed breast or cervical cancer screenings and help case managers conduct follow-up with patients. For example, when a client cannot be reached by telephone or mail, one provider sends a client navigator to visit the home to assess the situation, discuss needed care, and resolve barriers.

More women are screened because client navigators address each client's specific health care barriers. Client navigators also build trust between women and health care providers, and they make more economical use of staff by permitting clinicians to focus on patient care. In one case, a navigator arranged for a quadriplegic patient to have her Pap test and clinical breast exam at her home. The navigator then arranged for the woman to be taken to her mammogram appointment. This is just one example of how client navigators can overcome major health disparities, bring down barriers to care, and link women with the health services they need.

Cancer Screening: A Good Investment

Health economists generally agree that if an intervention can save 1 year of life for less than \$50,000, it is cost-effective. So in economic terms, screening for colorectal, breast, and cervical cancers is very cost-effective:

- Screening for colorectal cancer extends life at a cost of \$11,890 to \$29,725 per year of life saved.
- Mammography every 2 years extends life for women aged 65 or older at a cost of about \$36,924 per year of life saved.
- Pap screening every 3 years extends life at a cost of about \$5,392 per year of life saved.

Effective Strategies

Nearly 2 million low-income women have been screened for cancer through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The program gives underserved women better access to screening services so that cancer can be detected early. It also helps women with cancer diagnoses receive needed treatment. The program is currently in all 50 states, 4 U.S. territories, the District of Columbia, and 13 American Indian/Alaska Native organizations. The NBCCEDP continues to establish, expand, and improve community-based screening and diagnostic services.

The *Screen for Life: National Colorectal Cancer Action Campaign* urges men and women aged 50 years or older to be screened regularly for colorectal cancer. The campaign was created by CDC and the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration) with technical assistance from the National Cancer Institute. State health departments, tribes and tribal organizations, and the District of Columbia use localized versions of the *Screen for Life* public service announcements and participate in community projects that use the campaign materials. As of April 2005, *Screen for Life* public service announcements had reached nearly 3 billion people with more than \$20 million in donated print, radio, and television advertising.

Hope for the Future

Many American adults are alive and healthy today because they were screened for cancer, and every year more people are being screened. Estimates from the CDC's Behavioral Risk Factor Surveillance System show

- Almost 41% of U.S. men and women aged 50 or older reported in 2002 that they had a flexible sigmoidoscopy or colonoscopy within the last 5 years, compared with 34% in 1999.
- About 80% of U.S. women aged 50 or older reported in 2002 that they had a mammogram in the previous 2 years, compared with 64% in 1992.
- About 87% of U.S. women aged 18 or older reported in 2002 that they had a Pap test within the last 3 years, up from 84% in 1992.

For more information and references supporting these facts, visit www.cdc.gov/nccdphp. For additional copies of this document, E-mail ccdinfo@cdc.gov.